



CITY OF GALENA

211 W 7TH ST Galena, Kansas 66739

In case of building emergency contact Cherokee County Dispatch at 620-783-5065

Community Room and Senior Building Agreement

NAME: _____
(Please print)

ADDRESS: _____
(Number, Street, City, State & Zip Code)

PHONE _____ Organization _____
(Land/Cell)

DATE OF USAGE: _____ Times: _____

Want to rent: (Circle): Community Room (seats 45) Senior Building (seats 100)

Purpose for renting: _____

Rent pd: _____ Check No. _____ Deposit pd: _____ Check No. _____

I assume responsibility for the use of the Galena Community Room and/or Senior Building. Any damages to the building and/or its contents will be my responsibility or the organization using the building. I understand that I must be in attendance at the rental function and will be responsible for the condition of the facility at the conclusion of the rental.

*Fees and deposits MUST BE PAID BEFORE the reservation is made.

*Reservations must be canceled one week prior to the date of usage for a refund.

*No smoking, alcoholic beverages or animals are allowed in the building.

*No tape or other damaging materials may be placed on the walls.

*No Children shall be left unattended.

Fee Schedule:

Community Room \$50.00 Deposit 1-4 hours \$45.00 All Day \$60.00

Senior Building \$100.00 Deposit 1-4 Hours \$90.00 All Day \$120.00

If building is left in good condition, deposits will be refunded within 30 days

Before leaving:

1. Clean chairs and tables and return them to proper area.
2. Clean off kitchen countertops and any appliances used.
3. Sweep and mop all floors including the kitchen area.
4. Remove all food from the refrigerator and oven(s).
5. Bag up trash and place into the dumpster located in rear of building.
6. Flush Toilets and clean bathrooms if applicable. (Senior Building Only)
7. Turn off lights.
8. Lock Door and Return Key to drive thru or drop box at City Hall. (Senior Building Only)

I agree to follow the conditions and regulations set forth in this contract and agree to abide by and enforce the gathering limits and social distancing guidelines recommended by Cherokee County or the state of Kansas.

Signed: _____

Date: _____

Witness: _____ (City Office Personnel)